

**Application Data Sheet**  
**Application Information**

Application number::	
Filing Date::	March 24, 2004
Application Type::	Utility
Number of copies of CRF::	
Title::	WEIGHT SCALE FOR FLUID COLLECTION BAG OF EXTRACORPOREAL CIRCUIT 3659-86
Attorney Docket Number::	
Request for Early Publication?::	
Request for Non-Publication?::	
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	
Latin name::	
Variety denomination name::	
Petition included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Ireland
Status::	
Given Name::	John
Middle Name::	J.
Family Name::	O'mahony
Name Suffix::	
City of Residence::	Minnetonka
State or Province of Residence::	Minnesota
Street of mailing address::	11325 Cedar Pointe Drive N
City of mailing address::	Minnetonka
State or Province of mailing address::	Minnesota
Country of mailing address::	U.S.A.
Postal or Zip Code of mailing address::	55305

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status::  
Given Name:: Sonny  
Middle Name::  
Family Name:: Behan  
Name Suffix::  
City of Residence:: Sugar Hill  
State or Province of Residence:: Georgia  
Street of mailing address:: 4629 Kiplin Lake Court  
City of mailing address:: Sugar Hill  
State or Province of mailing address:: Georgia  
Country of mailing address:: U.S.A.  
Postal or Zip Code of mailing address:: 30518

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status::  
Given Name:: Andrew  
Middle Name:: J.  
Family Name:: Halpert  
Name Suffix::  
City of Residence:: Coral Springs  
State or Province of Residence:: Florida  
Street of mailing address:: 3121 NW 108<sup>th</sup> Drive  
City of mailing address:: Coral Springs  
State or Province of mailing address:: Florida  
Country of mailing address:: U.S.A.  
Postal or Zip Code of mailing address:: 33065

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status::  
Given Name:: Edward  
Middle Name:: G.  
Family Name:: Rychlick  
Name Suffix::  
City of Residence:: Maple Grove  
State or Province of Residence:: Minnesota  
Street of mailing address:: 17299 66<sup>th</sup> Place N.  
City of mailing address:: Maple Grove  
State or Province of mailing address:: Minnesota  
Country of mailing address:: U.S.A.  
Postal or Zip Code of mailing address:: 55311

**Correspondence Information**

Correspondence Customer Number:: **23117**

**Representative Information**

Representative Customer Number:: **23117**

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/459,971	04/04/03

**Assignee Information**

Assignee name:: CHF Solutions Inc.  
Street of mailing address:: 7601 Northland Drive  
City of mailing address:: Brooklyn Park  
State or Province of mailing address:: Minnesota  
Country of mailing address:: U.S.A.  
Postal or Zip Code of mailing address:: 55428